

HOWARD COUNTY DEPARTMENT OF FINANCE

P.O. Box 3370

Ellicott City, Maryland 21041

410-313-4076

Division of Property Tax Accounting

FAX 410-313-4099 TDD 410-313-2323

Enclosed you will find an application for the Trash Collection Fee Credit for the period covering July 1, 2012 through June 30, 2013. The deadline for filing this application is **September 30, 2012.**

Please Note the Following:

>You must reside in the property for which refuse collection services are provided

>Proof of Income is required as follows:

- First two (2) pages of your 2011 Federal Tax Return. If any other members of your household file a Federal Tax Return, they must also submit the first two pages.
- Copy of your 2011 Social Security SSA-1099 form (if applicable). If any other members of your household receive social security, copies of their SSA-1099 forms must also be submitted.

>A copy of your driver's license is required. If you do not have a driver's license, send some other picture form of identity.

The trash fee credit is based on household size and also on total gross household income and **not** on adjusted gross income. The current fiscal year income levels to qualify are:

Household Size	Maximum Gross Income
1	\$27,925.00
2	\$37,825.00
3	\$47,725.00
4	\$57,625.00
5	\$67,525,00

If you have more than 5 persons in your household, contact the Department of Finance at 410-313-2061 to find the maximum gross income in order to qualify.

If you have questions on how to calculate your total gross household income, call 410-313-2061.

Mail your application and supporting documentation to:

Howard County Department of Finance P.O. Box 3370 Attn: Trash Fee Credit Ellicott City, MD 21041-3370

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Please print, except where signature is required

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TRASH COLLECTION FEE GRANT PROGRAM APPLICATION

PERIOD: JULY 01, 2012 THRU JUNE 30, 2013

NAME: PARCEL #: (as shown on your property tax bill) ADDRESS: TELEPHONE #:_____ **HOMEOWNER'S GROSS INCOME \$** LIST OTHER HOUSEHOLD MEMBERS: **NAME** DOB SSN **INCOME** SOURCE: TOTAL GROSS HOUSEHOLD INCOME (not adjusted gross income): \$___ Did you or will you, and/or your spouse, file a Federal Income Tax Return for 2011? I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT MISINFORMATION OR REFUSAL TO DISCLOSE INFORMATION WHICH IS ESSENTIAL FOR A DETERMINATION OF ELIGIBILITY IS A BASIS FOR DISAPPROVAL OF MY

APPLICATION. ALSO, I HEREBY AUTHORIZE THE HOWARD COUNTY DEPARTMENT OF FINANCE TO VERIFY/OBTAIN ANY INFORMATION AND DOCUMENTATION WHICH WILL

Mail to: Howard County Department of Finance

P.O. Box 3370

APPLICANT'S SIGNATURE

Attn: Trash Fee Credit

Ellicott City, MD 21041-3370

ASSIST IN DETERMINING MY ELIGIBILITY FOR ASSISTANCE.

T:/Bureau of Revenue/Division of Property Tax Accounting/Trash Fee Credit/Forms & Letters - Word files//Trash Fee Credit Application Form - Real Property.doc

DATE